

POPULATION TODAY

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FEATURES

- 3 Card-carrying demographers**
ASA starts certifying; PAA studies desirability
- 4 School-based health clinics**
Reproductive health care comes to high schools, sparking enthusiasm, disapproval
- 5 Latest survey data from Kenya released**
World's fastest growing country shows little fertility change
- 6 Do blacks elect black mayors?**
A study of U.S. cities indicates that racial composition, location is important to black electoral success
- 8 A rose by any other name . . .**
Social Security Administration tells us the nation's most common names
- 8 Exploring people on the land**
American Association of Geographers meets in Minneapolis
- 10 Keeping the year 2000**
What to do, what to do? Our readers respond
- 12 The world's last frontier**
Antarctica is the home to as many as 3,000 scientists . . . and 75 million penguins

DEPARTMENTS

- 2 From the editor's desk**
- 2 Speaking graphically**
- 5 Survey report (Kenya)**
- 6 Demographer's page**
- 8 Positions/professionals**
- 9 Population update**
- 9 Softwhere**
- 10 Take a number**
- 10 Letters to the editor**
- 11 Current readings**
- 12 Spotlight (Antarctica)**



Either an *alfresco* black tie party, or a rookery of penguins in Antarctica. See page 12.

PRB

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FROM THE EDITOR'S DESK

"Lincoln, Neb., July 2. Rutabaga processing is booming. For Gavin Elster, rutabaga processing manager, struggling to pay college bills for his sextuplets at the University of Virginia, this upsurge comes at a welcome . . ."

Human interest angle: Ever wonder how news stories can zoom from the general to the particular with the effortless of a Charles Dickens? Just how do giant media institutions find those perfect, one-in-a-million demographic personifications for their articles?

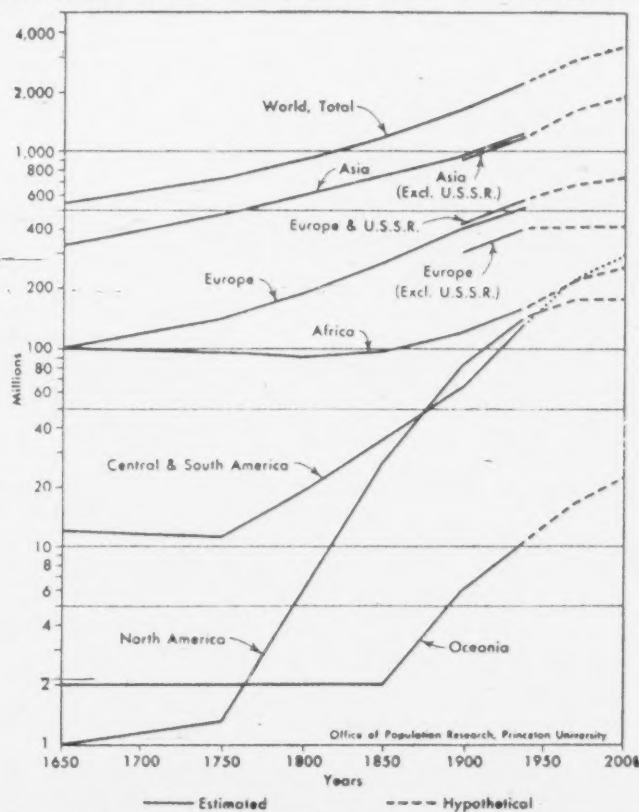
They manage it in many ways, from selective straw polls to exhaustive hunts via telephone. The most fruitful way, we're told,

is to make contact via an intermediary institution; e.g., a determined quest for rutabaga statistics might lead to the National Rutabaga Institute, whose Deputy Director might already know a rutabaga processor with sextuplets, who, with such a suitable introduction, might be happy to get a load off his mind.

Therein lies the clincher. Just as people like to watch or read news with a personal touch, so, apparently, do they like to be in it—gabbing away for attribution on the most personal topics, with a nonchalance that astonishes even reporters.

— Art Haupt

SPEAKING GRAPHICALLY



Population projections of the past: Before the magnitude of the post-World War II population explosion became evident, the conventional demographic wisdom was that future population increases would continue at about the rates of the past. Based on 1940s data, the above figure projects Africa to have a population of 200 to 300 million in 2000, while the world's population reaches between 3 and 4 billion.

This figure appeared in *Human Society* (1949) by Kingsley Davis. Later, Davis wrote extensively about the population explosion, as in his 1955 article, "The Population Specter: Rapidly Declining Death Rates in Densely Populated Countries," *American Economic Review*, 1956, 46(2), 305 ff.

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Do Demographers Need Credentials?

Whether demographers should be certified—a hypothetical question that had hung in the background for several years—came very much to the fore last month at the Population Association of America (PAA) meeting in San Francisco.

A session for applied demographers heard a report April 4 on the American Sociological Association's (ASA) just-implemented procedure for granting certification for various specialties of sociologists. Included in the ASA specialties: demography.

In what was described as a "stormy" session, many of the hundred or so applied demographers present questioned the need for such a credential. One result of the meeting: The committees of state and local demographers and of business demographers are drafting a position on ASA's new policy to be presented to PAA's Board of Directors later this summer.

Why Certification?

For several years, sociologists have been considering whether there should be ASA certification in a variety of sociological specialties, for any qualified member who wished to apply. A number of factors prompted ASA's move. One was concern that professionals in the field not be underbid by less qualified practitioners "masquerading" as the real thing. Another was competition from disciplines that overlap sociology (e.g., psychology, social work), which had already begun their own credential programs.

In February 1985 ASA made the decision to go forward with certification; applications were accepted starting in early April 1986. The standards for applicants (who must be ASA members) are: a PhD, two years of postdoctorate exper-

ience, demonstrated professional competence, and three letters of recommendation. There is a \$50 application fee, and certification is granted for a two-year period. The successful applicant earns the title of "sociologist certified in [specialty]."*

A similar program for those with master's degrees is set to follow in another year or two, and after three years ASA is to evaluate the entire idea.

If some people are
card-carrying
demographers, then
being a cardless
demographer could
lead to loss of credibility

ASA's original plan was to include demographers in the "medical sociology" category. But members of its certification committee argued successfully against the logic of that categorization. After discussion, demography was deemed a full specialty for credential purposes (and defined as the "social study of demographic processes").

What about demographers?

How do demographers fit in with sociology? A proportion of sociologists

*The six ASA specialties are demography, law and social control, medical sociology, organizational analysis, social policy and evaluation research, and social psychology. They are not all-inclusive, and could change to fit demand.

are demographers. (ASA's section on population comprises about 350 members; the Association as a whole has about 12,000 members.)

The ASA plan was presented to PAA's Board at its November 1985 meeting. But the first public airing with grass-roots demographers was at the April 4 PAA session reported above. There, the audience, consisting mostly of applied demographers, expressed a number of objections. Many recoiled from the prospect of an outside organization giving a seal of approval to "demographers" (though ASA's language refers to "sociologists certified in . . ."). And only social demographers at that—despite the fact that demography progresses on many other, uncertified fronts, from economics to geography to historical research.

Further, the PhD requirement touched a nerve in the relatively rough-and-ready community of applied demographers. Many applied demographers came to demography from other fields, and do not hold PhDs. (Indeed, some of the "giants" of U.S. demography's formative years do not hold doctorates.) While the ASA program makes allowance for professional experience, making a PhD the norm was seen as overly restrictive.

Finally, one mandatory condition for ASA validation—that the applicant must be an ASA member—struck some in the audience as being unnecessarily limiting.

Beyond these concerns is the general apprehension of many demographers over the existence of any credentialing apparatus, whether or not they avail themselves of it. If some people are card-carrying demographers, then being a cardless demographer could lead to loss of credibility—and potential "economic

Continued on page 9

When High Schools Offer Family Planning

Growing concern over teenage pregnancy in the U.S. has sparked heated debate. Though there is a consensus that something must be done to reduce high levels of teen pregnancy, (about 1.1 million teens became pregnant in 1983) there are differing views on what should be done. One effort at addressing the needs of adolescents by providing family planning, counseling, prenatal care, as well as general health treatment, is the controversial school-based health clinic.

Today more than 40 of these clinics around the country (and others in the planning stages) give teenagers ready access to comprehensive health care. Though located on the school grounds, clinics are generally administered separately from schools by different kinds of organizations, ranging from hospitals and medical schools to family planning clinics.

The idea of these clinics has been around since 1970 when the first known clinic to provide both health and family planning services on a high school campus was opened in Dallas. Only in this decade, however, have large numbers of clinics been opened. The costs of the clinics, which are usually funded through a mixture of federal, state, and local public and private monies, vary greatly. In general, however, reasonably comprehensive care comes to about \$100 to \$125 per year per student user.

Most clinics are located in low-income areas, and many are in inner-city schools. As a result, these clinics are able to reach medically underserved teens. While the school-based clinics provide a wide array of health services for teens, ranging from athletic physicals and general health assessments to laboratory and diagnostic screening, each one is involved with family planning services as well. In many high schools, the reduction of teenage pregnancy is a priority item; thus the provision of family planning services and counseling, as well as gynecological care, is emphasized.

None of the clinics perform abortions, and few make abortion referrals. Most obtain written consent from the parents of each student before that stu-



Today there are more than 40 clinics at U.S. schools that offer family planning services or referrals.

dent can receive medical services from the clinic.

The establishment of a school-based clinic is generally met with controversy. Opponents of the clinics worry that providing contraceptives in schools condones teenage sexual activity. Secretary of Education William Bennett has asserted that the clinics constitute an "abdication of moral authority," and asks "What lessons does it teach? What attitudes does it encourage?"

Proponents of the clinics often stress the benefits of inexpensive, comprehensive health care for teens who might not otherwise have access to medical care. In addition, proponents argue that teens will engage in sexual activity anyway, so providing contraceptives is the only way to stem the births of children to teenage parents. The debate can be boiled down to one of pragmatism in the face of rising teenage pregnancy rates vs., as *Washington Post* columnist William Raspberry put it, "an effort to hold fast to basic moral standards."

In any case, the crux of the debate is the clinic location. Clinic advocates see the school as the ideal place to reach teens, simply because they spend so much time there. Unlike Planned Parenthood clinics, teens using school-based clinics can seek care (either family planning-related or other) without embarrassment, because their

peers need not know why they visit the clinic. Schools can also provide a unique opportunity to educate males about sexual responsibility.

Opponents of the clinics view the school as an inappropriate place for the provision of contraceptive services. Parents, not schools, should be responsible for providing teens with knowledge about contraception. More importantly, the home is where teens should be taught that sexual activity is inappropriate for young people. In Raspberry's words, "when it comes to sex, the only acceptable instruction the adults can offer to adolescents is: Don't."

Do school-based clinics indeed reduce teenage pregnancy? Not many clinics have been around long enough to draw definitive conclusions, but evidence from a St. Paul, Minn., clinic indicates that during the three years the clinic was open at Mechanic Arts High School, whose student population was 1,002, the known fertility rate dropped from 79 to 35 per 1,000 (a 56 percent decline), the dropout rate among girls who delivered and kept their children declined from 45 to 10 percent, and the use of contraception by those adolescent mothers doubled.

-J.A.

SURVEY REPORT

Kenya

Kenyan women still average about 8 children each. The average family size desired by ever-married women, however, dropped by one child, from 7.2 to 6.2, between 1978 and 1984, and the percentage of currently married women using contraception more than doubled, from 7 to 17 percent.

These are highlights of trends revealed by comparison of the just-released results of the Kenya Contraceptive Prevalence Survey of 1984 with the Kenya Fertility Survey of 1977/1978 that was part of the World Fertility Survey. The 1984 survey was conducted by Kenya's Central Bureau of Statistics as part of the USAID-supported Contraceptive Prevalence Survey program, with technical help from Westinghouse Health Systems.

The latest trends in Kenya's fertility and family planning can be expected to be of worldwide interest in view of the country's record-high population growth rate, currently put at 4.2 percent a year. Estimated at 21 million in 1986, the population of this Texas-sized country is projected by the United Nations to quadruple to 83 million by 2025 and could go as high as 116 million by 2100, according to the World Bank.

President Daniel arap Moi has often deplored the failure of the government family planning program—established in 1968 and the oldest in sub-Saharan Africa—to reduce fertility, despite his and other leaders' strong backing, large infusions of international aid, and a network of some 650 clinics offering free contraceptive services.

Among the reasons cited for the program's lack of success are bureaucratic snarls, shortages of supplies and trained personnel, along with short business hours and long waits in clinics that are not always easily accessible in

rural areas. These problems are now being tackled with renewed vigor but there remains the obstacle of Kenyan couples' persistent, much-scrutinized desire for large families.

Over 80 percent of the 6,581 women aged 15-49 interviewed in the 1984 survey knew of at least one contraceptive method. The survey report calls the more than doubling of current contraceptive use between 1978 and 1984 "a significant success for the Kenyan family planning program." Even so, the 1984 level is "disappointingly low."

Also, the contraceptive mix shifted toward less effective methods. Among currently married women using contraception, the proportion using modern methods was down from 61 percent in 1978 to 52 percent in 1984, with pill use dropping from 29 to 19 percent of the total, while rhythm increased from 16 to 25 percent.

Fertility change was negligible: a slight increase in children ever born among women 45-49, from 7.9 to 8.2 per woman, along with a small decrease in the current total fertility rate from 7.9 to 7.7 per woman. Comparing the latter with the mean desired family size of 6.3 among all women in the 1984 survey, the report comments that "Kenyan women are currently giving birth to about one and a half children more than they desire."



Kenyan maternal and child health poster

This desire in turn is triple the average in low-fertility countries, such as Japan's 2.3 in 1984. "Therefore," the report says, "to ensure the success of the Kenyan family planning program, efforts should be increased to induce Kenyan families to reduce their desired family sizes."

One fruitful approach to this could lie in Kenya's continuing efforts to upgrade women's educational levels; between 1970 and 1980, primary school enrollment of girls jumped from 50 to 95 percent. The 1984 survey found that, like almost everywhere, family size desires and fertility are lower and contraceptive use higher among better educated women. For example, the proportion of married women currently using contraception was 36 percent among women with nine or more years of schooling (17 percent of the sample), compared to 19 percent for women with 5-8 years of education (32 percent of the sample) and just 12 percent for women with no formal schooling (35 percent of the sample).

The 1984 survey found scant support for the widespread claim that Kenyan men are the major obstacle to progress in lowering fertility. Of the reasons for nonuse of contraception given by women who knew of at least one method but were not using contraception and were not pregnant, husbands' disapproval accounted for only 9 percent, while the women's own disapproval accounted for 7 percent. Ranking higher were desire for pregnancy (15 percent), sexual inactivity or infertility (11 percent), not knowing how to use a method (11 percent), and women's perceptions that they did not get pregnant easily (10 percent). Only 4 percent of these women's reasons for not using contraception were not knowing where to go for services or finding it difficult to get them. — J.V.T.

DEMOGRAPHER'S PAGE

Racial Composition of Jurisdictions and the Election of Black Candidates

By William O'Hare

The extent to which blacks are elected primarily in black majority jurisdictions will have direct bearing on the likely growth of black elected officials in the near future, since the number of black majority jurisdictions is not likely to increase significantly in the next few years.

While most observers maintain that racial composition of a jurisdiction is extremely important for the election of black officials, casual observation provides mixed evidence. Many prominent black mayors come from jurisdictions where the majority of the population is black (for example, Coleman Young of Detroit, Marion Barry of Washington, D.C., and Andrew Young of Atlanta), but many others were elected in cities where blacks do not constitute a majority (for example, Thomas Bradley of Los Angeles, Harold Washington of Chicago, and Wilson Goode of Philadelphia).

Black leader equals black majority?

The research presented here illuminates the role of racial composition in the election of black officials by examining municipalities where blacks have been elected mayor and a second set of jurisdictions where blacks constitute a majority of the population. The total population size and racial composition was recorded for each for the 278 municipalities that had a black mayor in 1985 and were incorporated in 1980, and the same dem-

ographic information obtained for the 526 incorporated places which had a black population majority in 1980.

One would expect a general association between the racial composition of a jurisdiction and the probability of electing a black mayor, and aggregate data support that prediction. Two-thirds (67 percent) of the 278 black mayors hail from jurisdictions with a black population majority.

Nonetheless, the association between racial composition and black electoral success is not as strong as some scholars suggest. Ninety-one of the 278 black mayors (33 percent) do not come from black majority places (see table at right), while 38 out of the 278 (14 percent) come from places where blacks constituted less than one-quarter of the population.

Racial composition of a jurisdiction is an important determinant of black political success

Examination of black majority jurisdictions sheds additional light on the relationship between racial composition and election of a black mayor. Although most black mayors come from black majority places, most black majority places do not have black mayors; only 187 of the 526 black majority places had a black mayor, indicating that a black population majority by no means ensures the election of a black mayor.

Not surprisingly, the higher the black population majority, the higher the likelihood of having a black mayor. The vast majority (86 percent) of those places with a narrow black population majority (50 to 64 percent black) were without a black mayor. On the other hand, the vast majority (79 percent) of the jurisdictions where blacks made up at least 80 percent of the population had a black mayor (see table).

North and South, Large and Small

National data mask significant regional variation in the relationship between racial composition and the probability of electing a black mayor. Election of a black mayor in the South is more heavily dependent on a black population majority than election of a black mayor elsewhere in the country. The average Southern municipality with a black mayor has a population that is 67 percent black, whereas outside the South the average black mayoral place was 55 percent black. Among the black mayors in the South, 74 percent were elected in jurisdictions where blacks made up more than half the population, while among the black mayors outside the South, only 52 percent came from black majority places (see table).

To gain a clearer picture of the role that racial composition plays in the election of a black mayor, black electoral success was examined in places of different population size. There are some reasons to believe that race may play a different role in the politics of small places than of big ones. In small places, where many Southern blacks live, elections often take on a much more personal tone, since the candidates may already be known to most of the voters. In big cities, home to more Northern and Western blacks, political organizations are likely to dominate. It would not be surprising if the race of a candidate had a more pronounced effect in the personal politics of a small town than in the "machine politics" of a large urban area.

While 4.4 percent of large places (over 25,000) have a black mayor, only about 1 percent of medium-sized and small places do. Furthermore, a black population majority is more easily translated into the election of a black mayor in large places than in small ones. Among the 33 places of 25,000 or more with a black population majority, 61 percent had a black mayor. On the other hand, only 36 percent

of the 366 black majority places of less than 2,500 had a black mayor. It is not clear whether this difference is due to population size per se, or because most small black majority places are in the South and race is a more salient characteristic in the South.

If population size alone has an impact on the likelihood of electing a black mayor, then we would expect black majority places of the same size to have about the same proportion of black mayors regardless of whether or not they are located in the South. We can test this expectation by looking at places of the same size inside and outside the South.

Among large places in the South that have a black population majority, 53 percent have a black mayor, compared to 69 percent outside the South. Among medium-sized and small places (those less than 25,000) with a black population majority, the difference between the South and the rest of the country is very evident. In the South, only 31 percent of small and medium-sized places have black mayors, compared to 70 percent in the North and West. (Medium-sized and small places are combined for this analysis because the number of black majority places under 2,500 outside the South is too small to provide meaningful statistics.)

It is clear that racial composition is more important inside than outside the South regardless of the population size of the place. At the same time, it is also clear that a black population majority can be translated more easily into a black mayorship in large places than in small ones regardless of the region where the place is located.

One in three

Regional differences in the kinds of places that have black mayors also have another important ramification. Many analysts consider the black leadership factor to be critical to blacks' socioeconomic situation because black elected officials can offer direct benefits to their black constituents, such as equitable employment policies and increased sensitivity to black community needs, as well as

Racial Composition, City Size, Regional Location, and Election of a Black Mayor

Inside the South								
Percent Black	City Size A*		City Size B		City Size C		Total	
	Black Mayor?		Black Mayor?		Black Mayor?		Black Mayor?	
	NO	YES	NO	YES	NO	YES	NO	YES
< 50%	n/a	21	n/a	22	n/a	6	n/a	49
50 to 64%	156	20	74	6	8	5	238	31
65 to 79%	49	29	11	5	0	4	60	38
80% or more	21	63	0	9	0	0	21	72
Total	226	133	85	42	8	15	319	190

Outside the South								
Percent Black	City Size A		City Size B		City Size C		Total	
	Black Mayor?		Black Mayor?		Black Mayor?		Black Mayor?	
	NO	YES	NO	YES	NO	YES	NO	YES
< 50%	n/a	6	n/a	12	n/a	24	n/a	42
50 to 64%	5	1	1	3	4	4	10	8
65 to 79%	2	4	2	2	0	4	4	10
80% or more	2	14	3	11	1	3	6	28
Total	9	25	6	28	5	35	20	88

*City Size A = <2,500 population

City Size B = 2,500 to 24,999 population

City Size C = 25,000 or more population

Note: Places with less than 50 percent black population and no black mayor were not included in the dataset.

Source: JCPS Analysis.

indirect benefits including enhanced self-esteem and a reduced sense of political alienation. Consequently, it is important to know how many blacks live in jurisdictions with a black mayor and where they are located.

Our data indicate that 6.2 million blacks, nearly one out of every three who reside in an incorporated place, have a black mayor. This is striking since black mayors reside in only 278 cities. While there are only 88 black mayoral jurisdictions outside the South, their average size is 49,532 compared to an average size of only 9,523 for the 190 black mayoral places inside the South. Consequently, while 68 percent of places with black mayors are in the South, only 1.8 million Southern blacks live in places with a black mayor. On the other hand, only 32 percent of black mayoral places are outside the South, but they contain 4.4 million blacks. In short, about two-thirds of all black mayors come from the South, but three-quarters of all blacks who live

in a place with a black mayor are in the North and West.

Summary

The analysis indicates that racial composition of a jurisdiction is an important determinant of black political success, particularly in the South. About three-quarters of the black mayors in the South were elected in places with a black population majority, but almost half the black mayors outside the South were elected in places without a black population majority.

Many observers of black politics have noted the slowing rate at which blacks are being elected to office. Both the yearly percent increase and the absolute number have been declining. Some have speculated that the rate of increase may have fallen off due to the fact that blacks have now been elected in most of the black majority jurisdictions. While

Continued on next page

Race and Elections

Continued from preceding page

this analysis cannot address all types of offices, it provides some clear indication that this theory does not apply to black mayors. There are twice as many black majority places without black mayors as there are with black mayors.

The analysis also indicates that there is ample opportunity for increasing the number of black mayors in the near future. Only about one-third of the 526 black majority places currently have a black mayor. Furthermore, given current trends in most large American cities, which show whites moving out more rapidly than blacks, there is every indication that the black share of the population in many major cities will continue to increase. Past demographic analysis by the Joint Center for Political Studies indicates that if the trends of the 1970s continue, the number of major black majority cities will climb to 32 in 1990 and 53 in the year 2000. Given the link between racial composition and the likelihood of electing a black mayor, these figures suggest that the number of black mayors in major cities will surely increase over the next few decades and the number of blacks living in black majority places will increase even more rapidly. □

POSITIONS/ PROFESSIONALS

Communications Director,
Zero Population Growth, Inc.
(ZPG), to direct all communications activities. The Communications Director also serves as the editor of ZPG's national newspaper, the *ZPG Reporter*, and as the organization's staff editor.

Applicants must have several years of experience in media relations and publications production and must be crack writers and editors. Experience in and commitment to population-related issues is sought but not required.

Salary range: mid- to upper-twenties, depending on experience. Send cover letter, resume, and writing samples (no phone calls) to: Nancy Debevoise, ZPG, 1601 Connecticut Ave., NW, Washington, DC 20009.

What's Your Handle?

If you've been busy "keeping up with the Joneses," we have some bad news for you. In the U.S., there are four last names more common than that moniker. By keeping up with the Joneses, one automatically falls behind about 10 million other Americans — the Smiths, Johnsons, Williamses, and Browns, to be exact.

This bit of trivia comes to us via the Social Security Administration's tabulation of the surnames of people who have ever enrolled in the system. The listing compiled the names (first six letters only) for appellations which occur at least 5,000 times.

What's the most common beginning letter for American names? It's "S", which, with 160,603 names, far outdistances Number 2, "B" (113,589). The letter "X" is dead last on the list with only one occurrence (Xiong), so if your name begins with that letter, you're in a rather select group.

The bottom five names on the list, ranking 8,410 through 8,414, are listed as Engleh(ard), Garwoo(d), Greeno(ld?), Kamp, and Vansan(t?). Where do some famous names reside on the list? Well, for one, Reagan comes in ranked 2,040th with 22,402 occurrences. And, if it seems as if there are quite a few Kennedys, that name is ranked high, 120th. Should the Hatfields and the McCoy's (two famous feuding American families) ever decide to have it out once and for all, the Hatfields would be outnumbered about three to one. It might also be all over for the Capulets, who do not appear on the list, while names starting with "Montag" rank 2,048 (but "Montag" is also German for "Monday," so who knows how many Montagues there are).

Another list of names, first names in this instance, comes from the State of New York Dept. of Health. In 1985, Michael and Jennifer were the most popular names given in that state, as they had been for almost 15 years. In 1985, 42 percent of baby boys received names from the most popular 25, while 30 percent of the baby girls did. John and Mary? These "common" names are not so common. John dropped from 3rd place in 1975 to 7th in 1985 and Mary was not even in the top 25 in

1985. The top five boys' names in 1985 were Michael, Christopher, Matthew, Daniel, and Joseph, while for girls, they were Jennifer, Jessica, Christine(a), Nicole, and Amanda.

Besides being a bit of fun, name lists reflect the broad ethnic fabric of the country in an interesting way. The fact that Gonzalez ranks 24th on the list reflects a growing Hispanic heritage, and 23,806 last names starting with "Y" reflects, in part, Asian-Americans. In any event, the population of U.S. names has its own trends, its own dynamics. — C.H.

Geographers Explore Twin Cities

The Association of American Geographers held their annual meeting in Minneapolis, May 3-7, and the 2,700 participants enjoyed a successful meeting. This may be one of the few groups which is *not* surprised to find that the Mississippi River runs between Minneapolis and St. Paul.

The Census Bureau was well represented, participating in sessions on 1990 Census products, Census geography, urbanization, housing, and others. PRB staffers Kim Crews and Carl Haub ran the PRB booth in the exhibit hall and gave session presentations.

Once again, the common interests of geographers and demographers were evident in such topics as migration, population distribution, fertility, ethnicity, and aging. But the variety of geographic subject matter covered suggests an even broader spectrum of possible joint study, including the population impact of weather patterns, the location of energy resources, soil erosion, and the effect of tourist areas on coastal zones.

Activities at the meeting were continuous, with sessions and business meetings scheduled into the evening hours (although several members found time to watch the Twins drop a game to the Baltimore Orioles at nearby Humphrey Metrodome). — C.H.

Certification

Continued from page 3

loss," in the words of one participant. For example, demographers testifying in court as expert witnesses could be vulnerable to credibility questions from opposing counsel such as: "Are you, Mr. Jones, in fact an ASA-certified demographer?"

The Future

Backers of ASA certification were surprised by the applied demographers' reaction, and reiterated that ASA was not trying to intrude on PAA's turf or pigeonhole the demographic profession. When ASA holds its 1986 meeting in August, the various certification committees will consider the applications so far received. In the future the categories and indeed the existence of certification could change, if circumstances require.

PAA has not been idle on the subject of certification. When the issue was raised at the November 1985 Board meeting, the Board appointed a committee to explore the possibility of PAA setting its own professional standards. That Committee, chaired by Jane Menken, plans to submit its report to the Board later this year.

At present, *PT* gathers, there is no leaning on the Board for or against official demographic credentials, though the feeling is that if demographers are to be certified, it should be done by PAA and not an outside organization. But at this time, there is no perceptible movement to get PAA into the certification business, either in self-defense or on certification's own merits.

That certification has arisen as an issue is at least an acknowledgment of the growing PAA subpopulation of applied demographers. Academicians have their own ways of setting professional standards (degrees, professorial ranks, etc.). But applied demographers work in a fairly unstructured world. Until they feel the need for, and support, the principle of certification, the watchword will remain: Demographers are where you find them.

—A.H.

Correction

Our misreading of the French text caused an error in the Survey Report on Morocco (March 1986 *PT*). The 40 and 5 percent figures cited are for ever use of contraception. Current use at the time of the survey was 26 percent.

June 1986

SOFTWHERE

The RAPID (Resources for the Awareness of Population Impacts on Development) Demographic Analysis System is a set of four programs for the IBM PC, each dealing with a different aspect of population: demographic projection, determining costs of family planning programs, a TARGET model, and education planning.

Developed by the Futures Group, the projection program is especially easy to use in projecting population totals. The only inputs required to run the program are base population, fertility and mortality rates, life expectancy, age distribution of fertility, and migration. All can be easily varied. At present, the pro-

gram does not accept life expectancies above age 75, which is adequate for less developed country projections, but makes projections for more developed countries more difficult.

The output is provided in the form of tables which examine the total population, divided into 5-year age groups, age and sex distribution, population by single ages or single years, and demographic indicators.

The program set (and companion disks for the latter three programs) can be obtained at no charge. For more information, contact the Futures Group, 1111 14th St. NW, Washington, DC. 20005. —W.P.

POPULATION UPDATE

Estimated United States Population

As of January 1, 1986	240,468,000
As of January 1, 1985	238,222,000

The above estimates include armed forces overseas and are from U.S. Bureau of the Census, *Current Population Reports*. Series P-25, No. 983.

Estimated World Population

As of June 1986	4,935,000,000
Annual Growth	83,000,000

Estimated by extrapolation of the mid-1986 world population given on PRB's 1986 World Population Data Sheet.

Latest Provisional Statistics for the U.S.: January 1986

Item	12 months ending with January					
	Number		Rate			
	1986	1985	1986	1985	1984	1983
Live births	3,753,000	3,696,000	15.7	15.6	15.5	16.0
Deaths	2,083,000	2,055,000	8.7	8.7	8.6	8.6
Natural increase	1,670,000	1,641,000	7.0	6.9	6.9	7.4
Marriages	2,428,000	2,480,000	10.2	10.5	10.4	10.8
Divorces	1,188,000	1,157,000	5.0	4.9	5.0	5.1
Infant deaths	39,400	39,300	10.5	10.7	10.9	11.3
Population base (in millions)			238.5	236.3	233.9	231.7

Note: Rates are given per 1,000 population, except for infant deaths, which are given per 1,000 live births. Rates are based on revised population estimates from the 1980 Census.

Source: *Monthly Vital Statistics Report* (Vol. 35, No. 1) from the National Center for Health Statistics.

LETTERS TO THE EDITOR

In response to your survey of data sheet users concerning what to do about the year 2000 [March 1986 PT], one problem with the current data sheet projections, in my view, is that there is too big a gap in the projected years. Don't a lot of users want to know population in, say, 25 years or 50 years? Right now, as I read the sheet for 1986, I know today's population, that projected for 14 years from today, and that projected for 114 years from today.

If I were in your shoes, I'd consider making projections for 25 years, 50 years, and 100 years. Each year then, the projected years would advance one year. If you did this, at least whoever is editing PT 100 years from now won't have to worry about what to do about the year 3000.

—Bryant Robey
Director, Public Affairs
East-West Center

Decades into the new century (2001, 2011, 2021) would be awkward numbers for the public to cope with, but the 21st Century does actually begin in the year 2001 (as the 1st Century began in the Year 1).

For museum purposes, five-year projections would be useful—especially for age groups. This response may not be useful to you, but

—Edward Pearce, Librarian
Boston's Museum of Science

As to the year 2000, I've been in a funk since we passed 1984. Nothing has a nice ring to it. 2020 is fun to type and has that necessary link to TV shows, always essential when you try to communicate with American couch potatoes, don'tcha know. Keep up the strange and wonderful work.

—Nancy Debevoise
Communications Director
Zero Population Growth

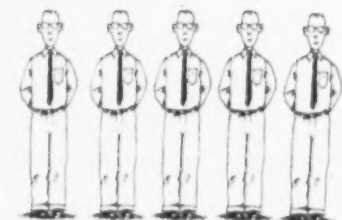
TAKE A NUMBER

Demographic Drift: While we weren't looking, the population center of the U.S. moved south and westward once more. Sometime in the late 1970s, it crossed the Mississippi River into Missouri, on its way West. The geographic center of population (demography's answer to plate tectonics) is the spot where the country would balance if it were a flat plane and we all weighed the same. It is now estimated to be in west-central Washington County, Mo., not far from the Mark Twain National Forest, about 10 miles northwest of Potosi. The exact center of population cannot, of course, be located until the next full census is taken in 1990.

New Labor Force Projections: The International Labour Office (ILO) of the UN has released its most recent series of projections of labor force for the world, regions and countries. These projections replace the last ILO series, published in 1977. The data given in the report provide a consistent series across countries and regions based upon uniform concepts of "labor force." This concept is based on ILO recom-

mendations for a standard international definition and covers employed and unemployed persons (those seeking work); included are employers and employees, the self-employed, unpaid family workers, members of producers' cooperatives, and members of the armed forces. The estimates and projections are for the period 1950–2025 and are presented in six volumes for the world and separate regions, with the sixth being the Methodological Summary. Overall, the projections suggest a slowly increasing labor force in the more developed countries, although virtually all of that is in North America and the USSR; in Europe, slow decline in the size of the labor force is projected by 2025. In the less developed countries (LDCs), considerable increase is projected, a consequence of population growth in those regions. The labor force in LDCs is projected to nearly double from 1985 to 2025, from 1.6 billion to 3.0 billion. Further information on the projections series can be obtained from the ILO, Bureau of Statistics, CH-1211, Geneva 22, Switzerland. —CH

ADDENDA



THE MEDICAL SCHOOL CLASS OF YESTERYEAR



THE MEDICAL SCHOOL CLASS OF TODAY

Prior to 1968, women enrollees made up less than 10 percent of classes entering medical school. In 1984, this figure had reached 34 percent.

Drawing from *The Official M.D. Handbook* by Anne Eva Ricks, M.D. Copyright © 1983 by Anne Eva Ricks. Artwork copyright © 1983 by Jon McIntosh. Reprinted by arrangement with New American Library, New York, NY.

CURRENT READINGS

PRB welcomes materials on population topics for possible inclusion in *Current Readings*. Publishers may address review copies to Book Review Editor, *POPULATION TODAY*, Population Reference Bureau, 777 14th St., N.W., Washington, D.C. 20005.

This month's column highlights materials recently received by the library on the topic of health. All four reports covered are paperback editions and nominally priced.

REPORT OF THE SECRETARY'S TASK FORCE ON BLACK AND MINORITY HEALTH (8 volumes), by the U.S. Department of Health and Human Services, Washington, DC.: HHS/PS/Office of Minority Health. Available through the Government Printing Office.

The Task Force on Black and Minority Health was established in April 1984 in response to the concern that, though health in the U.S. as a whole has improved, there still exist persistent, significant health inequities for minority Americans.

The first volume of the Task Force Report summarizes information and data compiled on specific minority health problems, and recommendations for addressing the disparity in health status between minority and nonminority populations. Subsequent volumes of the report contain the complete text prepared by the subcommittees supporting their findings, and proposed intervention strategies, along with the complete inventory of DHHS programs and projects that benefit minorities, and an annotated bibliography listing selected topics related to Hispanic health issues.

(See the May 1986 *PT* for a listing all titles within the Task Force Report. Please note that complimentary copies are no longer available.)

HEALTH OF ADOLESCENTS AND YOUTHS IN THE AMERICAS, by The Pan American Health Organization, Washington, DC.: World Health Organization, 1985. 329 pages. \$10.00. ISBN 92-75-11489-7.

Adolescents receive well-deserved

attention in this book, published in 1985, International Youth Year. The first part presents this age group's demographic, social, and epidemiological conditions (the top three being accidents for both sexes, homicides or suicides for males, and heart disease or complications of pregnancy for females).

Part Two addresses aspects of normal adolescence, stressing human physical and psychological growth and development at this stage of life. The third part describes frequently encountered problems (physical and behavioral) of the age group, while the fourth part deals with the problems of pregnant adolescents.

The fifth and final section treats various programs and services for adolescents in different countries of the region.

MATERNAL AND CHILD HEALTH DATA BOOK: THE HEALTH OF AMERICA'S CHILDREN, by Dana Hughes et al. Washington, DC.: Children's Defense Fund, 1986. 302 pages. \$9.95. ISBN 938008-49-8.

This book describes the status of maternal and child health in America, and the nation's progress in reducing infant mortality and improving health care for pregnant women. It also covers state-by-state patterns of teenage and out-of-wedlock childbearing.

Much of the raw data are from the National Center for Health Statistics with calculations by the Children's Defense Fund. The report presents extensive information on a state-by-state basis (1983 data) on maternal and infant vital statistics, the success of state AFDC, Medicaid, and WIC policies, and an assessment of each state's rate of progress toward meeting the Surgeon General's 1990 Objectives for the Nation on maternal and child health.

HEALTH, UNITED STATES, 1985, by the National Center for Health Statistics. Hyattsville, Md.: DHHS, December 1985. 174 pages. \$6.50. Pub. No. (PHS) 86-1232. Available through the Government Printing Office.

This annual provides 21 charts with text on health status and health care utilization within the United States. Subjects covered include mortality, natality, heart disease risk factors, and operations and procedures. It also provides 101 detailed tables on four major health areas—health status and determinants, utilization of health resources, health care resources, and health care expenditures. The tables are designed to show continuing trends over a period of years; hence, the tables in each edition cover the same topics to enhance the use of this publication as a reference source.

—Denise Molajo

Books Received

AMERICA'S OLDER POPULATION, by Paul E. Zopf, Jr. Houston, Tex.: Cap and Gown Press, 1986. 325 pages. \$32.95.

THE BIRTH CONTROL BOOK, by Philip A. Belcastro. Boston, Mass.: Jones and Bartlett, 1986. 132 pages. \$8.75.

IMPROVING CIVIL REGISTRATION, edited by Forrest E. Linder and Iwao M. Moriyama. Bethesda, Md.: International Institute for Vital Registration and Statistics, N.D. 242 pages.

OUR AGING SOCIETY: Paradox and Promise, edited by Alan Pifer and Lydia Bronte. New York: Norton, 1986. 438 pages. \$22.95.

POPULATION GROWTH AND POLICIES IN MEGA-CITIES: Calcutta (Population Policy Paper No. 1, ST/ESA/SER/R/61), by the Department of International Economic and Social Affairs, United Nations. New York: United Nations, 1986.

QUALITY OF LIFE IN AMERICAN NEIGHBORHOODS: Levels of Affluence, Toxic Waste, and Cancer Mortality in Residential Zip Code Areas, by Jay M. Gould and edited by Alice Tepper Marlin. Boulder, Colo.: Westview Press, 1986. 402 pages. \$46.95.

SCHOOLAGE PREGNANCY & PARENTHOOD: Biosocial Dimensions, edited by Jane B. Lancaster and Beatrix A. Hamburg. New York: Aldine, 1986. 403 pages. \$39.95.

SPOTLIGHT

ANTARCTICA

Population (1986 est.): 3,000 in summer; 1,000 in winter
 Native-born population: 1
 Penguin population (1985 est.): 75 million
 Land area: 5,000,000 to 6,000,000 sq. miles (10 percent of the world's land area)

by Janine Adams

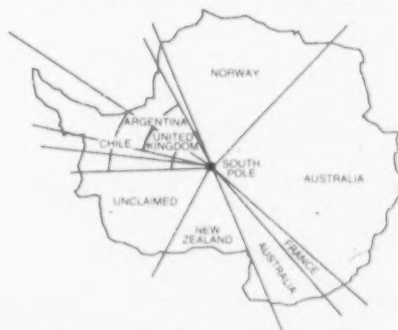
A high, deep, round island half again as big as the United States, Antarctica is 98 percent covered with ice. Underneath this ice cap, Antarctica's land area consists of an archipelago to the west, along with the large, old and very stable slab of rock that is eastern Antarctica. Despite the immense accumulation of compressed snow (which holds about 75 percent of the earth's fresh water), there is little precipitation—the South Pole's annual precipitation of 3 cm is roughly that of the driest part of the Sahara.

While in 1978 a baby boy was born on the continent to the wife of an Argentine scientist, Antarctica has no indigenous population. It does have temporary occupants—researchers who work at approximately three dozen scientific stations set up by 18 different countries, studying the continent's weather, ice shelves, geologic formations, and marine life (such as those pictured on page 1).

During Antarctica's winter (mid-March to mid-September), the 1,000 inhabitants, though they can view the shimmering *aurora australis*, rarely see the light of day. During the rest of the year, Antarctica's summer population

of 3,000 glimpses very little darkness.

The Antarctic continent was first discovered in the 1820s. At the beginning of this century, various nations began laying claim to slices of the pie. Today, seven different nations (Norway, Australia, France, New Zealand, Argentina, Chile, and the United Kingdom) have staked claims to Antarctica, though the claims of Argentina and Chile overlap with that of the U.K. (see map). The U.S., USSR, and other countries have refused to recognize these claims or stake their own. In 1959, the seven "claimants" and five "non-claimants" signed the Antarctica Treaty, freezing ter-



ritorial claims in the name of scientific research. The treaty stipulates that "Antarctica shall continue forever to be used exclusively for peaceful purposes." Since 1959, the governments of some developing countries have expressed interest in Antarctica coming under international control, rejecting the present system as colonialist. This undoubtedly will be a topic of consideration after 1991, when any of the treaty's consulting nations may request a review of its operation.

Antarctica is of interest to the inter-

national community for its untapped resources, such as petroleum, minerals, and even water. The costs of mining any of these resources would be prohibitive in this distant and desolate land where 90 cents of every dollar spent there goes for logistics. Only if there is a global oil shortage far more severe than any yet experienced would governments spend the kind of money necessary to extract oil in Antarctica. New technologies, such as submarine storage tanks, would have to be developed for such extraction to occur.

The possibility of exploitation of hard minerals is even more remote; in today's market, each dollar's worth of refined metal would cost \$10 to extract. Icebergs as a source of water for parched lands in western Australia or Chile have proven unfeasible. A Saudi prince once spent millions of dollars devising a way to tow an iceberg northward, but it became apparent that the only thing he would end up with was an empty tow rope.

Krill, the small, shrimplike crustaceans which swim in dense swarms, are the source of food for Antarctic life. Rich in protein and minerals, krill have been viewed as a potential food source for the growing human population worldwide. Scientists warn, however, that krill fishing poses serious threats to the Antarctic marine ecosystem, since krill support all the higher species in the marine food chain. They are the major food source for five whale species, three species of seal, 23 species of fish and squid, as well as many birds.

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